

**ATTACHMENT 1**  
**HORSEHEAD CREEK TECHNICAL PROPOSAL**

(Additional Pages may be added as Needed – Include Company Name on additional sheets)

|   |  |
|---|--|
| <b>1. Contractor Information:</b><br>Company Name of Contractor: _____<br>Mailing Address of Contractor: _____<br>_____<br>_____<br>Telephone No. of Contractor: _____ (office)<br>_____ (cell/mobile)<br>E-mail Address of Contractor: _____ (if applicable)   | Tax I.D. #<br>_____<br><br>DUNS #<br>_____ |
| <b>2. Type of Business</b><br>____ Company      ____ Co-Partner      ____ Non-profit<br>____ Corporation      ____ Individual   |  |
| <b>3. Description of Services provided by Contractor:</b><br>_____<br>_____<br>_____  |  |
| <b>4. Years of experience in this line of work as a prime contractor:</b> _____ Years   |  |
| <b>5. Years of experience in this line of work as a sub-contractor:</b> _____ Years   |  |
| <b>6. List relevant projects performed by Contractor in the past 3 years:</b><br><br>a. Project Name: _____<br>Contract Amount: \$_____ Period of Performance: _____<br>Brief Description of Services Performed: _____<br>_____<br><br>b. Project Name: _____<br>Contract Amount: \$_____ Period of Performance: _____<br>Brief Description of Services Performed: _____<br>_____<br><br>c. Project Name: _____<br>Contract Amount: \$_____ Period of Performance: _____<br>Brief Description of Services Performed: _____<br>_____ |  |
| <b>7. Subcontractor Information: Please give the following information regarding any Subcontractors you plan to use on this project (you may attach additional information):</b><br><br>a. Name: _____ Years in business: _____<br>Address: _____<br>b. Name: _____ Years in business: _____<br>Address: _____<br>c. Name: _____ Years in business: _____<br>Address: _____   |  |

8. General Plan of Operation for accomplishing this project:

Timber Harvesting Work Items

| Contractual Work    | Start Work Date | Completion Date | Fire Control Equipment | Subcontractor |
|---------------------|-----------------|-----------------|------------------------|---------------|
| Timber Harvesting   |                 |                 |                        |               |
| Prehaul Road Mtc    |                 |                 |                        |               |
| Contractor Road Mtc |                 |                 |                        |               |
| Erosion Control     |                 |                 |                        |               |

Field Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Stewardship Work Items

| Item # | Work Activity Description  | Start Work Date | Completion Date | Equipment | Subcontractor |
|--------|----------------------------|-----------------|-----------------|-----------|---------------|
| 001    | RCW Habitat Enhancement    |                 |                 |           |               |
| 002    | Prairie Vegetation Removal |                 |                 |           |               |
| 003    | Fire Break Establishment   |                 |                 |           |               |

Field Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

9. Quality Control Plan:

Timber Removal

| Work Activity       | Frequency of Inspection | Inspector | Remedy for Unacceptable Work |
|---------------------|-------------------------|-----------|------------------------------|
| Timber Harvesting   |                         |           |                              |
| Prehaul Road Mtc    |                         |           |                              |
| Contractor Road Mtc |                         |           |                              |
| Erosion Control     |                         |           |                              |

Stewardship Work Items

| Work Activity              | Frequency of Inspection | Inspector | Remedy for Unacceptable Work |
|----------------------------|-------------------------|-----------|------------------------------|
| RCW Habitat Enhancement    |                         |           |                              |
| Prairie Vegetation Removal |                         |           |                              |
| Fire Break Establishment   |                         |           |                              |

10. Locality of Workforce:

Primary Contractor - Number of employees: \_\_\_\_\_

Number from Western Louisiana (Natchitoches, Rapides, Sabine, Vernon, Winn and Desoto Parishes): \_\_\_\_\_

Number from North Louisiana/East Texas (Greater than 60 miles from Contract Area): \_\_\_\_\_

Number from outside North Louisiana/East Texas area: \_\_\_\_\_

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Subcontractor – Number of employees: \_\_\_\_\_

Number from Western Louisiana (Natchitoches, Rapides, Sabine, Vernon, Winn and Desoto Parishes): \_\_\_\_\_

Number from North Louisiana/East Texas (Greater than 60 miles from Contract Area): \_\_\_\_\_

Number from outside North Louisiana/East Texas area: \_\_\_\_\_

11. References:

Please fill out Section A of the enclosed Attachment 2, provide copies of the Attachment to administrators from your past projects, and ask them to answer the questions in Section B regarding your past performance and return the completed forms to Holly Morgan at FAX Number (318) 473-7117.

**ATTACHMENT 2**  
**PRESENT/PAST PERFORMANCE QUESTIONNAIRE**

*You have been selected to provide information on the Contractor named in Section A. Please complete Section B and the attached questionnaire and fax attention of Holly Morgan at (318) 473-7117 by COB on **July 25, 2014**.*

**SECTION A: CONTRACTOR INFORMATION**

1) Contractor's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Point of Contact: \_\_\_\_\_

3) Phone Number: \_\_\_\_\_

4) Contract Number: \_\_\_\_\_ Contract Type: \_\_\_\_\_

5) Project Title: \_\_\_\_\_

6) Period of Performance: \_\_\_\_\_

7) Brief Description/scope of services: \_\_\_\_\_  
\_\_\_\_\_

8) Authorization is hereby granted to provide the information requested in SECTION B of this questionnaire.

\_\_\_\_\_  
Signature of Authorized Contractor Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Contractor Representative

\_\_\_\_\_  
Title

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**SECTION B: RESPONDENT INFORMATION**

A. Name: \_\_\_\_\_

B. Position: \_\_\_\_\_

C. Telephone No: \_\_\_\_\_ FAX No: \_\_\_\_\_

D. Address: \_\_\_\_\_  
\_\_\_\_\_

E. Relationship and Time Involved with Contractor: \_\_\_\_\_  
\_\_\_\_\_

F. Date Questionnaire completed: \_\_\_\_\_

## **CONTRACTOR PERFORMANCE QUESTIONNAIRE**

|     | EXCELLENT<br><b>E</b>  | ACCEPTABLE<br><b>A</b> | NOT APPLICABLE<br><b>NA</b> | MARGINAL<br><b>M</b> | UNACCEPTABLE<br><b>U</b> |
|-----|--|------------------------|-----------------------------|----------------------|--------------------------|
|     | <b>Performance Element</b>   |                        |                             |                      | <b>Rating</b>            |
| 1.  | Working relationship with your Company                                 |                        |                             |                      |                          |
| 2.  | Experience in performing work required                                 |                        |                             |                      |                          |
| 3.  | Technical abilities of managers or supervisors                         |                        |                             |                      |                          |
| 4.  | Knowledge of industry standards or government regulations              |                        |                             |                      |                          |
| 5.  | Provision and maintenance of operational equipment during the contract |                        |                             |                      |                          |
| 6.  | Quality of contractor's personnel                                      |                        |                             |                      |                          |
| 7.  | Required personnel were available and ready to work daily              |                        |                             |                      |                          |
| 8.  | Record-keeping was accurate and timely                                 |                        |                             |                      |                          |
| 9.  | Compliance with Environmental/Safety/Health/Security requirements      |                        |                             |                      |                          |
| 10. | Work was started and completed on time                                 |                        |                             |                      |                          |
| 11. | Quality assurance was maintained at all times                          |                        |                             |                      |                          |
| 12. | Contractor's inspections were conducted in a timely manner             |                        |                             |                      |                          |
| 13. | Contractor corrected inconsistent work in a timely manner              |                        |                             |                      |                          |
| 14. | Progress of work   |                        |                             |                      |                          |
| 15. | Overall performance of contractor                                      |                        |                             |                      |                          |
| 16. | Additional Remarks   |                        |                             |                      |                          |

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date

*Return to Holly Morgan by FAXing both pages to (318) 473-7117.*